

Case Number:	CM13-0060780		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2011
Decision Date:	03/28/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of January 20, 2011. A utilization review determination dated November 6, 2013 recommends non-certification of 1 functional capacity evaluation. The previous reviewing physician recommended non-certification of 1 functional capacity evaluation due to lack of documentation that the patient is close to reaching maximum medical improvement and the patient still declared as temporarily totally disabled, and therefore cannot perform any work duties at the time of the request. A Follow-up report dated October 16, 2013 identifies Current Psychiatric Complaints of anxiety, tension, irritability, and quick temper are reduced. Depression is reduced. Appetite and energy level are now. Mental Status Examination identifies a somewhat less and dysphoric mood. Diagnoses include adjustment disorder with mixed anxiety and depressed mood. Treatment Plan identifies medications and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

Decision rationale: Regarding the request for 1 functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested 1 functional capacity evaluation is not medically necessary.